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		PATENT DEPARTMENT 540 WHITE PLAINS RD			5	I hereby certify that this Fee(s) Transmittal is being deposited with the United							
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	C:1501 1400.00 C:8001 15.00		RADEMARE		5/20/05			(Date)					
•	APPLICATION NO.	ATION NO. FILING DATE) INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.				
	10/736,195 12/15/2003			aul Adriaan V	'an Der	Schaaf	LS/91-22115/CONT			4349			
	TITLE OF INVENTION: POLYMORPHIC FORMS OF SERTRALINE HYDROCHLORIDE												
	ADDI NI TVDE	APPLN. TYPE SMALL ENTITY ISSUE F			DI	JBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE				
	nonprovisional NO		\$1400			\$0	\$1400 _		'	05/25/2005			
	EXAMINER		ART UNIT		CI	CLASS-SUBCLASS							
	BARTS, S.	1621			564-308000								
	1. Change of correspondence address or indication of "Fee Address" (37			2. For prin	2. For printing on the patent front page, list Kevin T. Ma								
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	C:	cals Corporation Tarrytown, N.Y. USA											
	Reel 013592					Frame 0011 Recorded 12/17/2005							
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